Foster Family Home - Deficiency Report

Provider ID: 1-150063

Home Name: Flordeliza S. Onaga, CNA Review ID: 1-150063-8

94-1209 Henokea Street Reviewer: Jackie Chamberlain

Waipahu HI 96797 Begin Date: 9/1/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may

delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)No RN delegation present for Client # 1, caregiver # 3 or 4 and several delegations are missing all current CG's

Foster Family Home Medication and Nutrition [11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) Unable to locate a for client # 1 or 2

Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) visiting hours posted state limited hours. Per "My choice my way" visiting hours cannot be restricted.

Foster Family Home - Deficiency Report

Foster Family	y Home Records	[11-800-54]	
54.(c)(2)	Client's current individual service plan, and v	vhen appropriate, a transportation plan a	pproved by the department;
54.(c)(5)	Medication schedule checklist;		
54.(c)(7)	Expenditure records; and		
54.(c)(8)	Personal inventory.		
Comment:			
54.(c)(7) Resident account record is not present for client # 1 or 2 54.(c)(8) Personal inventory is not present for client # 1 or 2 54.(c)(5) No September 2021 MAR is present for client 1 or 2 Client # 2 has 2 medication discrepancies between MAR and prescription label. An on MAR is not present in the CCFFH 54.(c)(2) Service plan for client #1 has no signatures on service plan from 3/09/21 (6 months ago) and has service plan for but no MD order for service plan frequency for vital signs states but none recorded since April 2021			

Compliance Manager
Primary Care Giver

Pate Date